



ENERGY AND ENVIRONMENT CABINET

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS LANE, 2ND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716**

**Letter From Chief Financial Officer
On Corporate Financial Test For a Captive Facility
as Defined Under 401 KAR 48:005
Form DEP 6053-F (11/08)**

GENERAL INFORMATION

1. **ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above, or by calling (502) 564-6716.
2. **SUBMISSION** – Please type or print legibly in permanent ink. Submit the original of the completed form to the Division of Waste Management at the address listed above. The document must be free of errors.

Director, Division of Waste Management:

I am the chief financial officer of [REDACTED] (Name and address of firm)

This letter is in support of this firm's use of the financial test to demonstrate financial assurance, as specified in 401 KAR 48:310.

Complete the following three paragraphs regarding facilities and associated cost estimates. If your firm has no facilities that belong in a particular paragraph, write "NONE" in the space indicated. For each facility, include its name, address, county and current closure, post closure and/or corrective action estimates.

(1) This firm is the permittee of the following facilities for which a mechanism for financial assurance for closure, post closure and/or corrective action is demonstrated through the financial test specified in 401 KAR 48:310. The current closure, post closure and/or corrective action cost estimates provided for by the test are shown for each facility:

Facility Name: [REDACTED]
Address: [REDACTED]
Permit No.: [REDACTED]
Closure Estimate: \$ [REDACTED]
Post Closure Estimate: \$ [REDACTED]
Corrective Action Estimate: \$ [REDACTED]
Environmental Obligation Estimate: \$ [REDACTED]

(2) This firm guarantees, through the corporate guarantee specified in 401 KAR 48:310 the closure or closure care of the following facilities permitted by subsidiaries of this firm. The current cost estimates for the closure or closure care so guaranteed are shown for each facility:

Facility Name: [REDACTED]
Address: [REDACTED]
Permit No.: [REDACTED]
Closure Estimate: \$ [REDACTED]
Closure Care Estimate: \$ [REDACTED]

(3) This firm is the permittee of the following facilities for a mechanism for financial assurance for closure or closure care is not demonstrated to the Energy and Environment Cabinet through the financial test or any other mechanism for financial assurance specified in 401 KAR 48:310. The current closure and/or closure care cost estimates not covered by such financial assurance are shown for each facility:



Facility Name:
 Address:
 Permit No.:
 Closure Estimate: \$
 Closure Care Estimate: \$

This firm (insert "is required" or "is not required") to file a form 10k with the Securities and Exchange Commission (SEC) for the most recent fiscal year. The fiscal year of this firm ends on (month, day).

The figures for the following items marked with an asterisk are derived from this firm's independently audited, nationwide year-end financial statements for the most recently completed fiscal year which ended on (date).

Alternative I

Complete Alternative I if the criteria of 16 (1)(B) of 401 KAR 48:310 are used.

1. Sum of current closure and closure care cost estimates (total of all cost estimates shown in the three paragraphs above): \$
 - *2. Total liabilities [if any portion of the closure or closure care cost estimate is included in total liabilities, you may deduct the amount of that portion from this line and add that amount of lines 3 and 4]: \$
 - *3. Tangible net worth: \$
 - *4. Net worth: \$
 - *5. Current assets: \$
 - *6. Current liabilities: \$
 - *7. Net working capital [Line 5 minus line 6]: \$
 - *8. The sum of net income plus depreciation, depletion, and amortization: \$
 - *9. Total assets in U.S. (required only if less than 90% of firm's assets are located within the U.S.): \$
- | | Yes | No |
|--|--------------------------|--------------------------|
| 10. Is line 3 at least \$10 million? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is line 3 at least 6 times line 1? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is line 7 at least 6 times line 1? | <input type="checkbox"/> | <input type="checkbox"/> |
| *13. Are at least 90% of firm's assets located in the U.S.?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>If not, complete line 14.</u> | | |
| 14. Is line 9 at least 6 times line 1? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Is line 2 divided by line 4 less than 2.0? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is line 8 divided by line 2 greater than 0.1? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is line 5 divided by line 6 greater than 1.5? | <input type="checkbox"/> | <input type="checkbox"/> |

Alternative II

Complete Alternative II if the criteria of 16(1)(C) of 401 KAR 48:310.

1. Sum of current closure and closure care cost estimates (total of all cost estimates shown in the three paragraphs above): \$
 2. Current bond rating of most recent issuance of this firm and name of rating service:
 3. Date of issuance of bond:
 4. Date of maturity of bond:
 - *5. Tangible net worth [if any portion of the closure and closure care cost estimates is included in "total liabilities" on your firm's financial statements, you may add the amount of that portion to this line]: \$
 - *6. Total assets in U.S. (required only if less than 90% of firm's assets are located in the U.S.)" \$
- | | Yes | No |
|---|--------------------------|--------------------------|
| 7. Is line 5 at least \$10 million? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is line 5 at least 6 times line 1? | <input type="checkbox"/> | <input type="checkbox"/> |
| *9. Are at least 90% of firm's assets located in the U.S.?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is line 6 at least 6 times line 1? | <input type="checkbox"/> | <input type="checkbox"/> |

Certification

This Financial Test shall be governed by and interpreted in accordance with the laws of the Commonwealth of Kentucky. Litigation concerning this Financial Test shall be taken to the Franklin Circuit Court, Commonwealth of Kentucky.

Signature: _____

Type or print name:

Official Position:

Date: - -

Subscribed and sworn to before me by _____

this the _____ **day of** _____, **20**_____.

Notary Public, State-at-Large

My commission expires the _____ **day of** _____, **20**_____.

